	FOR COUNTY USE ONLY											
San	X New Vendor Code Change Cancel			В	sc	Deot.	4	Contract Number				
	1	County Department				Dept.	Orgn.		Contractor's License No.			
&	Arrowhead Regional Medical Center County Department Contract Representative Telephone Total Contract Amount											
County of San Bernardino					ative	Telephone			Total Contract Amount			
•	Mark		(909) 580-6150 0.00 Contract Type									
FAS	Revenue Encumbered Unencumbered Other:											
CONTRACT TRANSMITTAL	If not encumbered or revenue contract type, provide reason:											
	Commodity Code Contract			t Start Date	Start Date Contract End Date			Original Amount Amendment Amount				
	Fund	Dept.	Organ	ization	Appr.	Obj/R	ev Source	GRO	/PROJ/JÓB No.	Amount	t	
	Fund	Dept.	Organ	ization	Appr.	Obj/R	ev Source	GRO	/PROJ/JÓB No.	Amoun	t	
	Fund	Dept.	Organ	ization	Appr.	Obj/R	ev Source	GRO	:/PROJ/JOB No.	Amoun	t	
	Project Name Membership with VON Contract Type - 1				-	L	Estimated P		ayment Total by Fiscal Year			
					FY Amount			I/D				
					ļ							
					_							
CONTRACTOR VERMONT	XFORE	NETW	ORK, I	NC.								
Federal ID No. or Social Security	No											
Contractor's Representative Jeffrey Gould, M.D., Maternal and Child Health Branch												
Address 1947 Center Street, Berkley, CA 94704						Phone						
Nature of Contract: (Briefly of	lescribe	the gen	eral ten	ms of t	he contra	act)		CI	\ -			
For the Medical Center to partici from California hospitals, for the neonatal care units in California (VON), so that VON can process	pate in the develop the the Me the data	e Califor oment ar edical Ce a as colle	nia Peri nd imple enter mu cted by	natal Quementati ust ente CPQS	uality Cardion of per er into an	e Colla tormai agreei	borative nce imp ment wi	(CPC provernith the	QCC), which usent strategie Vermont Ox	ses data coll s in maternit ford Networl	iected ly and k, Inc.	
from California hospitals, for the neonatal care units in California (VON), so that VON can process	HI	515	NO.	15	AC	VI ON	O Ek	IL	1			
(VON), so that VON can process the data as collected by CPOSC. THIS IS NOT ALCOVERY THIS IS IS IS IS IS IN TAIL ONLY												

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved \$5.0 Legal Form (sign in blue ink) | Reviewed as to Centract Compliance | Presented

Presented to BOS for Signature

Date

Department Heed

Date

Date